IPEU	()	PART B -	FEE(S)	TRANSMITTAL
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***	<u>,</u> \$/		or <u>Fax</u>	(703) 746-4000	,			
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CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for 590 08/27/2004	any change of address)		Fee(s) Transmittal. The papers. Each addition	mailing can only be used fis certificate cannot be used all paper, such as an assignme of mailing or transmission.	for any other accompanying		
	APIRO MORIN & C IW DC 20037-1526	SHINSKY L	LP	Се	rtificate of Malling or Trannis Fee(s) Transmittal is bein with sufficient postage for fit I Stop ISSUE FEE address TO (703) 746-4000, on the	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.		
ID/COVA MINUOTENE VOVO						(Depositor's name)		
FC:1501 1370.00 OP FC:1504 300.00 OP FC:8001 9.00 OP					(Signature) (Date)			
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APPLICATION NO.	FILING DATE		FIRST NAMED INV		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/995,181	11/28/2001		Masakatsu Ma	atsui	R2184.0120/P120	9345		
TILE OF INVENTION: O	PTICAL INFORMATION F	CECORDING APP	ARATUS FOR O	ON I ROLLING A POWE	R LEVEL OF RECORDING			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	МО	\$ <del>193</del> 0, 376		\$300	\$1 <del>630 -</del> /670	I I/29/2004		
EXAM	IINER	ART UN	IT	CLASS-SUBCLASS				
BATTAGLIA	, MICHAEL V	2652		369-053270				
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicates	e address or indication of "Fedence address (or Change of 22) attached.  tion (or "Fee Address" Indicator more recent) attached. Use	Correspondence	(1) the names or agents OR, a (2) the name or registered attor 2 registered parts	on the patent front page, li of up to 3 registered pater alternatively, f a single firm (having as ney or agent) and the nan tent attomeys or agents. If will be printed.	a member a ses of up to	stein Shapiro n & Oshinsky L		
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (pri	int or type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 137 CFR 3.11. Completion	clow, no assignee of this form is NO	data will appear of a substitute for fi	on the patent. If an assign	nee is identified below, the o	locument has been filed for		
(A) NAME OF ASSIGN	EE	(B	) RESIDENCE: (	CITY and STATE OR CO	UNTRY)			
Ricoh Com	pany, Ltd.		Tokyo, J	lapan				
lease check the appropriate	assignee category or catego	ries (will not be pr	inted on the patent	): 🗖 Individual 💆 C	orporation or other private gr	oup entity Government		
a. The following fee(s) are			. Payment of Fee(			•		
Issue Fee				e amount of the fee(s) is er	iclosed.			
Publication Fee (No s	mall entity discount permitte	ed)	party.	redit card. Form PTO-203				
Advance Order - # of		<del></del>	The Director Deposit Account	is hereby authorized by c	harge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).		
	(from status indicated above	•						
a. Applicant claims Si	MALL ENTITY status. See	37 CFR 1.27.	b. Applicant is	s no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).		
the Director of the USPTO OTE: The Issue Fee and Poterest as shown by the reco	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	re Fee and Publicate vill not be accepted and Trademark	tion Fee (if any) or I from anyone othe Office.	to re-apply any previous or than the applicant; a reg	y paid issue fee to the applicate istered attomey or agent; or t	ation identified above. he assignee or other party in		
Authorized Signature	ms	in		Date	November 24.	2004		

33,082 Typed or printed name Mark J. Thronson Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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NOV 2 & 2004 E	ired to	respond	U.S. I	Patent ar	Appro nd Tradema	ved for use thr ark Office; U.S.	ough 7/31/2006. OM	17 (10-04v2) 3 0651-0032 COMMERCE strol number.
		espond	to a co	ilection c	Com	plete if Kn	own	
FEE'TRANSMITTAL		Applic	ration	Numb			31-Conf. #9345	
				Numb	<u> </u>		r 28, 2001	
for FY 2005		Filing		at 1	4-4	Masakats		
Effective 10/01/2004. Patent fees are subject to annual revision.		Exam		d Inver	itor	M. V. Bat	· · · · · · · · · · · · · · · · · · ·	
		Exam	mer iv	ane			lagila	
Applicant claims small entity status. See 37 CFR 1.27		Art Ur	nit			2652		
TOTAL AMOUNT OF PAYMENT (\$) 1,679.00		Attom	ey Do	cket No	<b>)</b> .	R2184.01	20/P120	
METHOD OF PAYMENT (check all that apply)				FEE	CALCU	LATION (co	ntinued)	
Check X Credit Money Order Other None	3. <i>A</i>	ADDITIO	ONAL	. FEES				
Deposit Account:	Lam	e Entity	Smai	ii Entity				
Deposit Account 04-1073	Fee	Fee	Fee	Fee	-	Fee Desc	rintion	
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Deposit Account Dickstein Shapiro Morin &	1051	130	2051	65	Surcharge	- late filing fee	e or oath	
Name Oshinsky LLP The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	- late provisio	onal filing fee or cover	
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130		sh specification	n	
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a	request for ex p	arte reexamination	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1804	920*	1804	920°	Requestin	g publication o	of SIR prior to	
	1805	1,840*	1805	1,840*		g publication o	of SIR after	
EEE CALCULATION	1251	110	2251	55		for reply within	first month	
FEE CALCULATION  1. BASIC FILING FEE	1252	430	2252				second month	
Large Entity Small Entity	1253	980	2253			for reply within		
Fee Fee Fee Fee Paid	1254	1,530	2254	765		for reply within		
Code (\$)   Code (\$)   1001 790   2001 395   Utilily filing fee	1255	2,080	2255			for reply within		
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of A			
1003 550 2003 275 Plant filing fee	1402		2402			ef in support o	f an appeal	
1004 790 2004 395 Reissue filing fee	1403	300	2403	150	-	or oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to	institute a pub	lic use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55	Petition to	revive – unavo	oidable	
SUBTOTAL (1) (\$) 0.00	1453	1,370	2453	685	Petition to	revive - uninte	entional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,370	2501	685	Utility issu	e fee (or reissu	ne)	1,370.00
Extra Fee from Claims below Fee Paid	1502	490	2502	245	Design iss	ue fee		
Total Claims 18 -20** = x = 0.00	1503	660	2503	330	Plant issue	e fee		
Independent 4 -4** = x = 0.00	1460	130	1460	130	Petitions to	o the Commiss	sioner	
Multiple Dependent	1807	50	1807	50	Processin	g fee under 37	CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180	Submissio	n of informatio	on Disclosure Stmt	
Fee Fee Fee Fee Fee Pescription	8021	40	8021	40			ssignment per	
Code (\$) Code (\$)						imes number of bmission after		$\vdash$
1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3	1809	790	2809	395	(37 ČFR 1	.129(a))	•	
1203 300 2203 150 Multiple dependent claims in excess of 3	1810	790	2810	395		additional inver		
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395		•	xamination (RCE)	
over original patent	1802	900	1802	900		or expedited ex	xamination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (spe	cify)	8001; 1504	Printed co fee for ear	ly, voluntary, c	/o color; Publication or normal	309.00
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SUBMITTED BY	<u> </u>					(Complete	(if applicable))	
——————————————————————————————————————	Regis	tration No	0. 12	3,082			(202) 775-4742	
Name (Print/Type) Mark J. Thronson		ey/Agent		J,UOZ		+		
						10	November 24	200

SUBMITTED BY (Complete (if applicable))						
Name (Print/Type)	Mark J. Thronson		Registration No. (Attorney/Agent)	33,082	Telephone	(202) 775-4742
Signature	m	In	\		Date	November 24, 2004